

much to advance our knowledge of disease. Many pathological conditions are so distinctive that we can now state with certainty the different forms of cerebro-spinal maladies, which were heretofore only judged of inferentially. For example: The brain of a paretic needs only to be seen to enable us to write out with assurance the general etiology of the case. The condition of the blood-vessels and the presence of distinctive adventitious tissue give us a certain clue to syphilitic insanity. The atrophy of senile decay consequent upon increase of earthy substances and the decrease of normal constituents are certainties beyond peradventure and are paralleled in the shrinkage of the brain of the youthful insane. The psychical, the physiological, the vital and the chemical elements have disintegrated or are undergoing these series of descending processes in the inverse order of building up. They are returning in due procession to the primal condition of existence. We see all the gradations at once in brain atrophy, and know their relation to dementia and mental extinction. Pathology has also shown the condition of the spinal cord in locomotor ataxia. Thus might be lengthened the list of those diseases whose manifestations show on the one hand, what mischief is going on in nerve tissue, and on the other, the conditions being given, we are able to formulate the results which flow from central lesions.

It would be impossible for me to enter into a discussion of the life history of pathogenic micro-organisms, and to show their relation to pathological conditions in the great nerve centres. The fact of their existence and malign influences has passed the stage of speculation, but their causative position in the vital organism is yet in the region of hypothesis. Their power to originate disease *de-novo*, each according to its kind, in a healthy body, is one thing, and their activity to simply excite specific disease in an unhealthy *nidus* is quite another. In the former view they would be absolutely causative and resistless, in the latter they would only occasion the abnormal manifestations when the soil was ready for the seed. These are the two radical ideas, which so far are being investigated by great thinkers. The practical point in this monograph is, that no physician can honestly ignore all the facts of neurological research, proximate and remote, in

his diagnosis, and expect to be a great success as a medical practitioner. The physician whose explorations are simply confined to the organ, or the part which may be throwing out signals of distress, yet whose origin may be in distant parts, is like the gardener who is treating for disease the shrunken up buds of a tree, when the trouble may be in the roots of the tree itself.

SYMPHYSEOTOMY *VERSUS* THE INDUCTION OF PREMATURE LABOR.

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Until within comparatively recent times, when labor became seriously or insuperably obstructed, the efforts of the obstetrician were directed toward saving the mother. The rights of the child received scant attention, and its life was deliberately sacrificed in order to diminish its diameters whenever the pelvic canal was too contracted to permit the passage of the normal fœtus. This practice was condemned by theologians, more especially the Roman Catholics; but was justified on the ground of expediency, the position taken being that, if without the intervention of art both mother and child would die when left to the unaided forces of Nature, the physician was justified in destroying the child that the mother might live. With the revival of the Cæsarean section, under the influence of modern surgery, this ancient position has become very materially altered, and the present tendency is most decidedly to give serious regard to the rights of the child in unnatural labor. Three problems have grown out of this development of the question. 1. Is embryotomy upon the living child, when deliberately elected over the Cæsarean section and symphyseotomy, a justifiable operation? 2. Is it justifiable, in labor in moderately contracted pelvis, when the obstruction is considerable and yet not insuperable, to make such violent efforts at delivery, either by forceps or version, as to threaten the serious injury of either mother or child, instead of resorting to symphyseotomy when judicious and well-directed efforts at delivery have failed to accomplish it? 3. In women known to suffer from contraction of the pelvis of moderate degree, is it better to induce premature labor sufficiently early to permit